

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|--------|----------|
| FEE DETERMINATION | S. Z | | 08-09-01 |
| O.I.P.E. CLASSIFIER | | 49 | 8/16/01 |
| FORMALITY REVIEW | AM | 917 | 09-12-01 |
| RESPONSE FORMALITY REVIEW | <i>[Signature]</i> | 6091 | 01/16/02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------|----------|
| Final | |
| Original | |
| 1 | 10-28-02 |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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SC-859
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 10/17/02
 907